



Request for Approval of a Computer-Generated VFC Screening Report

Date: _____

Name of Facility: _____ VFC ID: _____

Contact: _____ Phone: _____

To use a computer-generated report to track VFC eligibility, the report must be pre-approved by the Montana Immunization Program. To obtain approval, please complete this request form and submit it along with a copy of the report(s) to the Montana Immunization Program. One of the two other screening options must be used until the computer-generated report is approved.

The facility's computer-generated report must meet the following criteria to be accepted:

- The report must be able to generate, for a defined period of time, a list of VFC-eligible children and the vaccines they received by eligibility category – Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC).
- The report must generate a count of VFC-eligible children who received immunizations during a defined period of time. Regardless of the number of visits and immunizations received during the defined period of time, each child can only be counted once. The information must be broken down by category – Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC) and by age group – under 1 year of age; 1 through 6 years of age; and 7 through 18 years of age. Alternatively, the report must allow for manual tallying of this information.
- If the facility cannot run a report for all eligibility categories, they can use the Vaccine Eligibility Form to log categories not included on the report. For example, if the report includes Medicaid patients, but not other VFC eligibility categories, then the facility can use the Vaccine Eligibility Form to track the non-Medicaid categories.
- The facility must be able to generate the report at the request of the Montana Immunization Program and the US Department of Health and Human Services (DHHS), and for completing the annual VFC Provider Profile during re-enrollment.

Mail to: Montana Immunization Program, PO Box 202951, Helena, MT 59620-2951

For use by the Montana Immunization Program Only

☐ Approved by _____ Date _____

☐ Not Approved Date _____ Why report(s) not approved _____